

**NATIONAL INSTITUTES OF HEALTH
WARREN GRANT MAGNUSON CLINICAL CENTER
NURSING AND PATIENT CARE SERVICES
NURSING PRACTICE COUNCIL BY-LAWS**

ARTICLE I NURSING PRACTICE COUNCIL

SECTION 1: INTRODUCTION

The Nursing Practice Council (Council) supports professional nursing practice and facilitates professional development through collective decision-making. All credentialed nurses at the Warren Grant Magnuson Clinical Center (Clinical Center) are governed by decisions made through the Nursing Practice Council. Additionally, the Nursing Practice Council provides a forum to disseminate information regarding professional nursing practice standards.

It is the responsibility of each credentialed nurse to remain informed of the decisions made by the Nursing Practice Council and to actively participate in the functions of the Council by clearly articulating their perception of an issue, question, or concern related to professional nursing practice and recommending practice changes.

SECTION 2: MEMBERSHIP

A. Membership will include:

1. Professional nurse from each unit or program of care.
2. Chairs of all standing Council committees
3. Professional nurse representative from the following areas/groups:
 - Post-Anesthesia Care Unit
 - Operating Room
 - Radiology
 - Transfusion Medicine
 - Nurse Practitioner
 - Float Pool
4. Professional nurse representative from the following leadership groups:
 - Nurse Manager
 - Clinical Nurse Specialist
5. Ex Officio (non-voting) members
 - Chief, Patient Care Services
 - Service Chiefs (3)
 - Director, Professional Practice Development
 - Special Assistant to Chief Nurse
 - Nursing/Patient Care Services Performance Improvement Coordinator

- Recorder
- Nurse representative to all hospital committees

B. Responsibilities of Members

1. Term of office will be two (2) calendar years with the option to renew.
2. Possess knowledge of and discuss the provision of nursing care in their respective areas.
3. Facilitate discussion of relevant practice issues among their constituents in collaboration with the nurse manager/direct supervisor.
4. Consider and vote the perspective of their constituents.
5. Attend all scheduled meetings.
 - In the event of a planned absence, will arrange proxy coverage.
 - Proxy will have the authority to participate with voting privileges in meeting proceedings.

C. Membership Selection - Representatives will be selected by peers from among volunteers or nominated individuals who have the concurrence of their nurse manager and/or direct supervisor. If there are no volunteers or nominations, the nurse manager or direct supervisor will select a qualified representative.

D. Chair

1. Chair Selection
 - Chair-Elect assumes the role of Chair and will serve one (1) calendar year. Term of office can be renewed if there is no chair-elect.
 - If both chair and chair elect resign their positions, the Council members will decide on a selection process.
2. Responsibilities of Chair
 - Facilitates Council meeting process
 - Facilitates decision-making
 - As a voting member of the Council, participates in decision-making
 - Is chair of the Agenda Planning Committee and plans Council agenda in collaboration with this committee's members
 - Facilitates review of Council meeting records
 - Mentors chair-elect

E. Chair Elect

1. Chair-Elect Selection
 - Will be selected from among current members of the Council by majority vote.
 - Will serve one (1) calendar year as Chair-Elect and one (1) calendar year as Chair.
 - If the Chair resigns, the Chair-Elect will assume the Chair position and a new Chair-Elect will be selected to complete the term of office.

- If the Chair-Elect resigns or cannot complete the term of office, a new Chair-Elect will be selected to complete the vacant term of office.
2. Responsibilities of Chair-Elect
- As a voting member of Council, participates in decision-making
 - In the absence of the Chair, the Chair-Elect will assume the Chair's duties and responsibilities.
 - Supports the chair in meeting the objectives of the Council.
 - Serves as timekeeper at the Nursing Practice Council meeting.

SECTION 3: FUNCTIONS AND RESPONSIBILITIES

- A. The Council will provide a forum for presentation and discussion of professional nursing practice issues
- B. The Council has the authority to establish and dissolve Ad Hoc committees. Standing Committees can be established and dissolved by an amendment to the By-Laws.
- C. Standing Committees are:
 - 1. Agenda Planning Committee
 - 2. Clinical Practice Committee
 - 3. Professional Development Committee
 - 4. Nursing Information Systems Committee
 - 5. Performance Improvement Committee
 - 6. Others as determined by the Council
- D. The Council will have the authority to review and approve work completed by committees and ad hoc committees.
- E. Will review reports submitted by nursing representatives to extra-departmental committees.
- F. Facilitate the annual review of the Nursing Practice Council By-Laws.
- G. Meetings are open to all professional nurses.
- H. At the unit level, each nurse manager or supervisor will implement decisions made by the Council.

SECTION 4: ANNUAL EVALUATION PROCESS

- A. The Nursing Practice Council will conduct an annual evaluation no later than May of each calendar year and results will be presented to the Council in June.
- B. Each committee will annually evaluate its process of communication, operations, and outcomes. Based on results of the annual evaluation, an annual review of the by-laws will be conducted and proposed revisions presented to Nursing Practice Council no later than October.
- C. Nursing Practice Council will consider approval of the proposed by-laws no later than November.

ARTICLE II STANDING COMMITTEES

SECTION 1: GENERAL INFORMATION

- A. The Nursing Practice Council will establish, manage, and oversee the work of standing committees as necessary to manage professional practice at the Clinical Center.
- B. Unless otherwise noted in the text of these By-Laws, all committees will include the following functions.
- C. Chair
 1. Chair Selection
 - Chair-elect assumes the role of Chair and will serve one (1) calendar year with option to renew if there is no chair-elect.
 - If both Chair and Chair-elect resign their positions, the members will decide on a selection process.
 2. Chair Responsibilities
 - Facilitates meeting process and decision-making
 - Chair, at the discretion of the standing committee, will not be counted as the standing committee's program of care representative.
 - Coordinates presentation of work outcomes to Nursing Practice Council for discussion and/or final approval.
 - Facilitates review of committee meeting records
- D. Chair-Elect
 1. Chair-Elect Selection
 - Will be selected from among current members of the Committee
 - Will serve one (1) calendar year as Chair-Elect and one (1) calendar year as Chair.
 - If the Chair resigns or cannot complete the term of office, the Chair-Elect will assume the Chair position and a new Chair-Elect will be selected to complete the term of office.
 - If the Chair-Elect resigns or cannot complete the term of office, a new Chair-Elect will be selected to complete the vacant term of office.
 2. Responsibilities of Chair-Elect
 - Attends committee meeting in the absence of the Chair.
 - In the absence of the Chair, the Chair-Elect will assume the Chair's duties and responsibilities.
 - Serves as timekeeper. If chair-elect is not in attendance, chair will designate a timekeeper.
- E. Membership Responsibilities
 1. Term of office will be two (2) calendar years with option to renew.

2. Possess knowledge of and discuss the provision of nursing care on their representative unit.
3. Facilitate discussion of relevant practice issues among their constituents in collaboration with the nurse manager/direct supervisor.
4. Attend all scheduled meetings.
 - In the event of a planned absence, will arrange proxy coverage.
 - Proxy will have the authority to participate with voting privileges in meeting proceedings.

SECTION 2: AGENDA PLANNING COMMITTEE

- A. Purpose - The Agenda Planning Committee establishes the agenda for the Nursing Practice Council and submits it to the Council for approval.
- B. Membership
 1. Term of office will be one (1) calendar year with option to renew.
 2. Roster
 - Chair, Nursing Practice Council
 - Chair-elect, Nursing Practice Council
 - Chief, Nursing and Patient Care Services
 - Director, Division of Professional Practice Development
 - Special Assistant to Chief Nurse
- C. Functions and Responsibilities
 1. Facilitates the review of work requests submitted to the Nursing Practice Council. Work requests can be generated by
 - any credentialed nurse by way of the Nursing Practice Council Request Form
 - regulatory standards
 - performance improvement data
 - strategic plan
 2. Recommends assignment of work requests to the Council
 3. Maintains mechanism for submission of Council Requests

SECTION 3: CLINICAL PRACTICE COMMITTEE

- A. Purpose – Facilitate discussion of clinical practice issues and propose solutions which may include the development of policies, procedures, and standards of practice for the Clinical Center Nursing and Patient Care Services.
- B. Membership
 1. Professional nurse from each unit or program of care
 2. One (1) nurse manager
 3. 5 clinical nurse specialists
 - pediatrics

- oncology
 - critical care
 - medical-surgical
 - behavioral health
4. One (1) nurse educator from Division, Professional Practice Development
 5. Pharmacy Liaison
 6. Nursing/Patient Care Services Performance Improvement Coordinator
 7. Ad Hoc members
 - Radiology nurse
 - Transfusion medicine nurse
 - OR/PACU
- C. Functions and Responsibilities
1. Identifies and/or provides input on issues of professional nursing practice as assigned by the Council.
 2. Facilitates development and annual review of nursing policies, procedures and standards of practice and makes recommendations to the Nursing Practice Council regarding revisions of same. Recommendations for change in clinical practice will include consideration of the following:
 - Appropriate utilization of existing nursing research
 - The potential impact on Patient Care Services and extra-departments

SECTION 4: PROFESSIONAL DEVELOPMENT COMMITTEE

- A. Purpose - The Professional Development Committee (PDC) develops and maintains programs that advance professional nursing practice and facilitates the recruitment and retention of professional nurses.
- B. Members
1. Two (2) Nurse Educators
 2. Two (2) Nurse Managers
 3. One (1) Clinical Nurse Specialist
 4. One (1) Nurse Researcher
 5. Professional nurse (2 each):
 - Behavioral Health
 - Medical-Surgical
 - Oncology
 - Critical Care
 - Pediatrics
 - Ambulatory Care
 6. One (1) Recruitment/Retention Consultant

C. Functions and Responsibilities

1. Identify needs and develop programs to support professional development of staff regarding:
 - Specialty expertise
 - Presentations and publications
 - Research skills
 - Clinical Leadership
 - Professional outreach.
2. Recommendations for program development will consider the recruitment and retention of professional nurses.

SECTION 5: NURSING INFORMATION SYSTEMS COMMITTEE

- A. Purpose – Serve as a liaison between DCRI and Nursing and Patient Care Services for development, maintenance, and evaluation of nursing content in MIS and other issues related to clinical research use of information technology. Support Nursing & Patient Care Services in transitioning from MIS to the CRIS core system.

B. Membership

1. Professional nurse :

- Behavioral Health (2)
- Medical-Surgical (3)
- Oncology (1)
- Critical Care (2)
- Pediatrics (1)
- Ambulatory care (2)

2. (2) nurse managers (one from inpatient and one from ambulatory care)

3. Two (2) clinical nurse specialists

C. Ex-Officio

1. One (1) representative from DCRI
2. One (1) PI Consultant

D. Functions and Responsibilities

1. Advises and recommends action to Nursing Practice Council on proposals and issues effecting nursing use of information technology.
2. Reviews and evaluates the adequacy of clinical research information, IT technology and informatic services to meet patient care needs and make recommendations for improvement.
3. Provides a mechanism for communication, discussion, clarification, and feedback of computer use issues and need to and from individuals/departments.
4. Conducts semi-annual evaluations of recent revisions made through the NIS Committee.

SECTION 6: PERFORMANCE IMPROVEMENT COMMITTEE

- A. Purpose – To promote patient safety, quality care, research integrity, and cost effectiveness through identifying and facilitating resolution of clinical practice issues.
- B. Membership
 - 1. Professional nurse - (1) from each unit or program of care
 - 2. Three (3) nurse managers – (1) from each service (APBH, Critical Care, and Ambulatory Care)
 - 3. Three (3) clinical nurse specialists
 - 4. Nursing/Patient Care Services Performance Improvement Coordinator
 - 5. One (1) RN, PACU
 - 6. One (1) RN, Surgical Services
 - 7. Ad Hoc members
 - One (1) RN, Transfusion Medicine
 - One (1) RN, Diagnostic Radiology
- C. Functions and Responsibilities
 - 1. Monitor clinical practice (key initiatives and processes)
 - 2. analyze and manage data
 - 3. facilitate clinical practice problem resolution
 - 4. use variety of models to accomplish work of committee
 - 5. educate staff in performance improvement
 - 6. design projects that are prevention focused (assess and limit risks)
 - 7. collaborate and strategize with nurse manager to implement performance improvement initiatives on each unit or program of care.

ARTICLE III EXTRADEPARTMENTAL COMMITTEES

SECTION 1: GENERAL INFORMATION

- A. The Chief, Nursing and Patient Care Services appoints nursing representatives to Clinical Center and Public Health Service Committees (extra departmental committees). Appointments are conditional upon confirmation by the chair of the extra departmental committee.
- B. Term of office is determined by the By-Laws of the extra departmental committee.
- C. A list of current extra departmental committees will be maintained as an appendix to these By-Laws (Appendix C).
- D. Extra departmental committee representatives are charged with representing the interests of Nursing and Patient Care Services, seeking input from and reporting outcomes to Council.

Approved:

Clare E. Hastings, RN, Ph.D.

Chief, Nursing and Patient Care Services

Formulated: 2/93

Implemented: 2/93

Reviewed: 3/99 no changes needed; 3/15/01 no changes made

Revised: 8/97, 11/01, 12/01, 3/02, 10/02, 01/03, 5/03

Appendix A

Historical Perspective

During the summer of 1991, the Clinical Center Nursing Department provided training in the Total Quality Management philosophy to all members of the Department. The development of our own Quality Together (QT) program served as a catalyst to examine how the Nursing Department functions. The initial training sessions offered all members of the Nursing Department the opportunity to voice their beliefs about the mission of the Department and identify their concerns. Two concerns identified by many staff nurses were the lack of opportunity to participate in clinical practice decision-making, and the lack of effective communication. The results of the employee survey, conducted in the summer of 1992, validated that opportunities to improve staff participation in clinical practice decision-making, effective communication, and staff/management relations existed.

The creation of a Nursing Practice Council model was anchored in the belief that quality outcomes are achieved through teamwork and alignment with the Department's priorities and goals. Based on this belief, all members of the Nursing Department were challenged to create a model of governance that emphasized shared clinical practice decision-making and effective communication patterns. The Nursing Department actively encouraged member participation to create meaningful dialogue, critiquing the Department's strengths and weaknesses. The basic structure of the new governance model evolved from this process and was approved in May 1992 by the then current Nursing Practice Council.

In June 1992, the Nursing Practice Council Implementation Task Force was convened to operationalize the proposed Nursing Practice Council model. The Task Force members represented all levels of staff and leadership, as well as each Nursing Service and Division. They were empowered to augment the approved Nursing Practice Council Structure and fully implement The Nursing Practice Council throughout the Nursing Department. In January 1993, the first Nursing Practice Council Nursing Practice Council representing all Nursing units and levels of Service leadership was held. The members were optimistic about the potential for success of the new model. The Department's committees finalized their membership and selected their chairpersons in March and April of 1993. The Nursing Practice Council Nursing Practice Council and committee structures were in place by May 1993. An annual evaluation of the effectiveness of operations of the Nursing Practice Council, Unit Boards, and committees was built into the bylaws to provide for necessary revisions and continued progress of the Nursing Practice Council Model.

Due to the complexity of the Shared Governance model and increasing clinical demands, it was determined the existing model did not enhance professional nursing practice. In March 2001, a representative group of nurses was charged with evaluating the current Shared Governance Model. After a review of past staff satisfaction surveys, review of literature, and several off-campus site visits, the group

put forward its recommendations to the then current Nursing Board. In October 2001, the Nursing Board approved the amended by-laws. The revised by-laws will be implemented in January 2002.

Appendix B

NURSING PRACTICE COUNCIL CALENDAR OF EVENTS

JANUARY	<p>New members assume term of office (2 calendar years) with full voting privileges</p> <p>Committees vote on respective ground rules</p>
MAY	<p>Annual evaluation of Shared Governance Structure sent out to NPC members</p> <p>The Office of Professional Practice Development will assist the committee chairs with room reservations for the following year</p>
JUNE	<p>Nursing Practice Council Structure Evaluations due to NPC chair by June Agenda Planning Committee meeting</p> <p>NPC chair presents results of annual review of the Nursing Practice Council structure at NPC meeting</p>
JULY	<p>NPC chair announces that all members may request revision, with rationale, to By-Laws now through September at NPC meetings.</p>
AUGUST	<p>Annual review of the NPC By-Laws sent to Standing Committee chairs after the August NPC meeting.</p>
OCTOBER	<p>Committees' review of Council By-Laws due to NPC chair by October APC meeting.</p> <p>NPC chair presents proposed By-Law changes. Discussion to follow.</p> <p>Standing Committees consider selection of chair and chair-elect positions for respective committees.</p> <p>NPC chair sends memo to all nurses to consider nominations for NPC committees representation</p>
NOVEMBER	<p>Vote on proposed changes to By-Laws in NPC meeting.</p> <p>If By-Laws approved, representatives to NPC and Standing Committees will be selected and their names sent to NPC chair.</p> <p>Nominations for chair-elect will also be considered at this time and sent to NPC chair by second week of December.</p>
DECEMBER	<p>Present nominations and vote in December NPC meeting for NPC chair-elect and Standing Committee chair-elects.</p> <p>New members attend NPC meeting and committee meetings without voting privileges.</p>

Appendix C

Extra departmental Committees**Clinical Center**

- ☐ CC Standardization Committee

Medical Board Committees

- ☐ Ambulatory Care Committee
- ☐ Cardiopulmonary Resuscitation Committee
- ☐ Ethics Committee
- ☐ Infections Committee
- ☐ Medical Records Committee
- ☐ Pharmacy And Therapeutics
- ☐ Pediatric Care Committee
- ☐ Clinical Quality Committee
- ☐ Safety Committee
- ☐ Transfusion Committee

NIH

- ☐ Radiation Safety Committee
- ☐ Human Subjects Research Advisory Committee

PHS

- ☐ Nursing Professional Advisory Committee